

State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

RFGA Number:

HR754131

RFGA Due Date / Time:

February 23, 2007 at 3:00 P.M., Local Time

Submittal Location:

Arizona Department of Health Services
1740 West Adams Street, Room 303
Phoenix, Arizona 85007

Description:

Nutrition and Physical Activity Program (NUPA)

A Pre-Application Conference:

N/A

N/A

N/A

Date

Time

Location

In accordance with A.R.S. §41-2701, competitive Sealed Grant Applications will be received by the Arizona Department of Health Services, at the above-specified location until the time and date cited.

Applications must be in the actual possession of the Arizona Department of Health Services, or prior to the time and date, and at the submittal location indicated above. Late Applications will not be considered.

Applications must be submitted in a sealed envelope or package with the RFGA Number and the Applicant's name and address clearly indicated on the envelope or package. All Applications must be completed in ink or typewritten. Additional instructions for preparing an Application are included in this RFGA.

Persons with disabilities may request special accommodations such as interpreters, alternate formats, or assistance with physical accessibility. Requests for special accommodations must be made with 72 hours prior notice. Such requests are to be addressed to the RFGA Contact Person.

APPLICANTS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE RFGA.

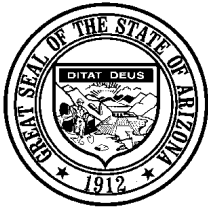
Grant Solicitation Contact Person:

Cirilo/Joe Castro

602-542-1040

castroc@azdhs.gov

State Government Administrator



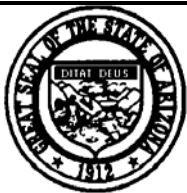
State of Arizona

Department of Health Services

Request For Grant Application (RFGA)

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GRANT APPLICATION AWARD
RFGA No. HR754131

Arizona Department Of Health Services
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

The Undersigned hereby applies and agrees to all of the terms, conditions, specifications, any amendments in the Request and any written exceptions in the Application.

Applicant's Arizona Transaction (Sales) Privilege Tax License Number: _____

Applicant's Federal Employer Identification Number: _____

Applicant's Name

Name of Person Authorized to Sign Application

Street Address

Title of Authorized Person

City State Zip Code

Signature of Authorized Person Date

Telephone Number:

Facsimile Number:

Acknowledgement of Amendment(s):
*Applicant acknowledges receipt of amend-
ment(s) to the Request for Grant Application
and related documents numbered and dated*

Amendment No. Date

Amendment No. Date

ACCEPTANCE OF APPLICATION AND GRANT AWARD
(For State of Arizona Use Only)

Your Application, dated _____, is hereby accepted as described in the Notice of Award. You are now bound to perform based upon the RFGA and your Application, as accepted by the State.

This Grant will henceforth be referred to as Grant Number _____

You are hereby cautioned not to commence any work or purchase any material or service under this Grant until you receive an executed purchase order, grant release document, or written notice to proceed, if applicable.

State of Arizona

Awarded this _____ day of _____, 2007.

State Government Administrator

<p style="text-align: center;">GRANT INFORMATION RFGA No. HR754131</p>

What is the Arizona Department of Health Services, Nutrition and Physical Activity (NUPA) Program?

The Arizona Department of Health Services (ADHS), Nutrition and Physical Activity Program (NUPA), is a program within the Office of Nutrition and Chronic Disease Prevention Services. The NUPA Program is a comprehensive program aimed at reducing and preventing chronic disease and obesity in Arizona through nutrition and physical activity interventions. The NUPA Program is pleased to announce the availability of funds for the creation of nutrition and/or physical activity interventions that address the prevention of obesity. These interventions must be directly linked to the Arizona Nutrition and Physical Activity State Plan referred to as "State Plan" from here forward, (<http://www.eatsmartgetactive.org/pdf/opp6.pdf>) and use at least two-levels of the Social-Ecological Model for behavior change (located on Page 19 of the State Plan) one of which must be the Institutional/Organizational level.

What is the Funding Source for this Grant?

Federal funds made available from the Department of Health and Human Services, Centers for Disease Control, Chronic Disease Prevention and Health Promotion Grant.

What is the Total Amount of Available Funds?

The total amount of funds available for this project is **\$60,000**. Grant awards are limited to \$10,000.00 per grant application. There is no fixed amount for each award. Funds are limited. The funds will be awarded as appropriate to applicants that meet the intention of the grant guidance (see below). The amounts will be based on proposed project activity. Major activities must be completed and project funds must be expended before June 29th, 2007.

What are the Program Goals and Priority Areas?

The goal of the program is to promote and enable the citizens of Arizona to eat smart and lead active lifestyles. The priority areas focus on increasing physical activity, increasing fruit and vegetable consumption, increasing breastfeeding, decreasing screen time and changing the determinants of caloric balance.

What will this Request for Grant Application Fund?

- Projects must utilize the RE-AIM framework (see Attachment III), which will be used to assess the project's impact on the target community.
- Activities that cover at least two levels of the Social-Ecological Model for behavior change, one of which must be the Institutional/Organizational level.

Example: At worksites, company policies and promotions can be implemented to provide employees opportunities to participate in physical activity (extended lunch hour, ability to combine breaks, flex time schedules). Additionally, employers can offer healthier alternatives in the cafeteria, in vending machines, and at all company meetings. Finally, worksites can encourage and organize alternative modes of transportation like walking or biking to and from the workplace.

Example: Community Healthcare agencies could develop a message map to identify consistent and age appropriate nutrition and physical activity messages and determine which agencies or partners will and should deliver these messages.

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Example: Group Daycare centers could adopt a comprehensive nutrition and physical activity policy. For example, television, video and other visual viewing policies cannot be used for children under 2 years of age, a limit of 60 minutes of educational viewing would be provided to children over 2, the center would provide physical activity throughout the day's schedule and the use of sugar-sweetened beverages would be eliminated or reduced.

- Activities (designed around) the State Plan and cover nutrition and/or physical activity.
- Identifiable in-kind contributions are required, this could include a collaboration with external partners

Who is Eligible to Apply for this Funding Opportunity?

- Other Governmental Agencies (counties, cities, etc).
- Non-Profit Organizations ((501 (c))

Each funded organization must meet the following criteria:

- Does not currently receive funding or support from the Arizona Department of Health Services for the same services, program or project for which the grant is being sought.
- Is organized as an entity that can receive these funds, or is working in partnership with an organization that can serve as a fiscal intermediary.

Funding Exclusions:

Because of the nature of these funds, awards may not be used for:

- Structural construction.
- Laboratory, research or medical care.

How will the Applications be Evaluated?

Grant Applications will be evaluated according to the Grant requirements per A. R.S. § 41-2702 (F). The criteria is listed in the relative order of importance and are based on the following:

- Narrative Organizational Summary and the Scope "TASKS Methodologies" to perform and complete the work.
- Resources: Ability to perform services as reflected by availability and suitability of staff resources.
- Cost: Itemized Budget, budget justification and price sheet showing proposed cost(s) including other sources of funds;
- Conformance to all other RFGA Requirements and Conditions.

What Else Do I Need Know to Submit a Grant Application?

1. Application Opening:

Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each Applicant shall be read at this time. After Grant award, the applications and evaluation documents shall be open for public inspections.

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2. Written Questions:

Submit any questions about the RFGA needing clarification, in writing, not later than seven (7) working days prior to the RFGA due date to:

Arizona Department of Health Services
1740 West Adams, Room 303
Phoenix, Arizona 85007
Phone No. (602) 542-1040
Fax No. (602) 542-1741
E-mail address: castroc@azdhs.gov

4. Confidential Information:

If an applicant believes that their application contains information that should be withheld, a statement advising the procurement officer of this fact and explaining the reasons for confidentiality shall accompany the submission, and the information shall be so identified wherever it appears. The person shall stamp or specifically identify all information the people believe remains confidential. The information identified by the person as confidential shall not be disclosed until the director makes a written determination. The director shall review the statement and information and shall determine in writing whether the information shall be withheld. If the director determines to disclose the information, the director shall inform the person in writing of such determination.

5. Oral or Written Presentations:

The Department reserves the option to conduct oral or written presentations with applicants. The purpose of these presentations is to discuss information and to assure full understanding of and responsiveness to the application requirements regarding the Grant.

6. Multiple Awards:

In order to assure that any ensuing grants will allow the State to fulfill current and future needs, ADHS reserves the right to award Grants to multiple applicants.

8. Authorized Signature:

- A. For any document that requires the Applicant's signature, the signature provided must be that of the Owner, Partner or Corporate Officer duly authorized to sign Grant agreements. Additionally, if requested by ADHS disclosure of ownership information shall be submitted.
 - (1) Privately Owned: The Owner must sign the grant application.
 - (2) Partnership: A Partner must sign the grant application.
 - (3) Corporation: A duly authorized Corporate Officer must sign the Grant Application.
- B. All addenda to the grant application shall be signed by the authorized individual who signed the Grant application except that they may be signed by a duly authorized designee.

GRANT INSTRUCTIONS

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How Do I Apply for a Grant?

1. Read and familiarize yourself with all sections of this RFGA.
2. Definition of Terms Used in this RFGA.
 - A. **“Activities”** are day-to-day and periodic things that are accomplished to meet the goal(s). They are usually single-faceted, simply stated and numerous.
 - B. **“ADHS”** means the Arizona Department of Health Services.
 - C. **“Department”** means the Arizona Department of Health Services.
 - D. **“Shall or Must”** indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an application as non-responsive.
3. **Required Application Information.** The Applicant shall submit the following information:

One (1) original and three (3) copies of each application shall be submitted on the forms and in the format specified in the RFGA. The responses shall be typed using a 12 point font and single spaced. The original copy of the application should be clearly labeled **"ORIGINAL"**. The three copies shall be submitted stapled or clipped and marked as copy. The material should be in sequence and related to the RFGA. The Department will not provide any reimbursement for the cost of developing or presenting applications in response to this RFGA. Failure to include the requested information may have a negative impact on the evaluation of the applicant's application. Applications shall have a table of contents, and tabs for each section. The original, ink signed application shall be provided in a 1 inch, 3 ring binder labeled with Applicant's name and project title, with tabs for each section indicated below:

- a. Table of Contents for entire application with page numbers.
 - b. Signed Application and Award Document.
 - c. Terms and Conditions (one set with the original application only).
 - d. Written responses to Application (**See pages 16-19**), includes Budget forms. (Not to exceed 7 pages)
 - e. Completed Attachments, pages 20-25
 - f. Certificate of Insurance, page 26
 - g. Other Attachments: As applicable-for example copies of sub-contracts, examples of applicants program materials, copies of curricula (youth and/or parent/adult).
4. Submit your completed application on or before February 23, 2007 to the Arizona Department of Health Services, Procurement Office, 1740 W. Adams, Room 303, Phoenix, Arizona, 85007.
5. Applications shall be opened publicly at the time and place designated on the cover page of this document. The name of each applicant shall be read publicly and recorded.
6. Applications shall be irrevocable until grant awards are made.

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7. Because funds are limited, it may be necessary to make changes to the applications. The State of Arizona reserves the right to award Grants for less than the proposed amount.
8. Keep a copy of this solicitation and your Grant proposal. If awarded, the Contractor shall be bound to the services listed by the Grant proposal and all terms, conditions, specifications, amendments included in the solicitation.

GRANT TERMS AND CONDITIONS

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1. Grant Term:

The initial term of this Grant shall commence on the date that the State Government Administrator signs the Application and Acceptance form and will remain in effect for **six (6) months**, unless terminated, canceled, or extended as otherwise provided herein.

2. Option to Renew Grant:

This Grant shall not bind nor purport to bind ADHS and the Grantee for any Grant commitment in excess of the original grant term. The parties shall have the right to renew the Grant, in one-year increments, not to exceed a total grant term of five years. If such rights are exercised, all terms, conditions and provisions of the original Grant shall remain the same and apply during the option.

3. Grant Type:

Cost Reimbursement.

4. Grant Amendments:

Any change in this Grant, including the Scope of Work, shall only be accomplished by a formal, written grant amendment, signed by the State Government Administrator. Any such amendment shall be within the scope of the grant and shall specify the change, such as, any increase or decrease in Grant amount and the effective date of the change. The Grantee expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts and oral communications by or from any person, shall be used or construed as an amendment to this Grant.

5. Suspension or Debarment Status:

If the firm, business or person submitting this Application has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a Grantee with any Federal, state or local government or if any such preclusion from participation from any public procurement activity is currently pending, the Applicant shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Application. The Applicant shall include a letter with its Application setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment (if suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided). The Application of an Applicant who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

6. Availability of Funds for the Next Fiscal Year:

Funds may not presently be available for performance under this Grant beyond the current fiscal year. No legal liability on the part of the State for any payment may arise under this Grant beyond the current fiscal year until funds are made available for performance of this Grant. The State shall make reasonable efforts to secure such funds.

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7. **Audit.**

Pursuant to A.R.S. §35-214, at any time during the term of this Grant and five years thereafter, the Grantee's or any subcontractor's books and records shall be subject to audit by the State and, where applicable, the Federal Government, to the extent that the books and records relate to the performance of the Grant.

8. **Information Disclosure:**

The Grantee shall establish and maintain procedures and controls that are acceptable to the state for the purpose of assuring that no information contained in its records or obtained from the state or from others in carrying out its functions under the Grant shall be used or disclosed by it, its agents, officers, or employees, except as required to efficiently perform duties under the Grant. Persons requesting such information should be referred to the state. The Grantee also agrees that any information pertaining to individual persons shall not be divulged other than to employees or officers of Grantee as needed for the performance of duties under the Grant, unless otherwise agreed to in writing by the state.

9. **Key Personnel:**

It is essential that the Grantee provide an adequate staff of experienced personnel, capable of and devoted to the successful accomplishment of work performed under this Grant. The Grantee must assign specific individuals to key positions of responsibility (See Budget Summary page 18). Once assigned to work under this Grant, key personnel shall not be removed or replaced without prior express approval by the ADHS Grant Manager.

10. **Accounting Requirements:**

All financial records shall be maintained and expenditures made in accordance with the Generally Accepted Accounting Principles to permit accurate tracking of funds to a level of expenditure adequate to ensure proper use of funds.

11. **Financial Management:**

For all Grants, the practices, procedures, and standards specified in and required by the Accounting and Auditing Procedures Manual for Arizona Department of Health Services funded programs shall be used by the Grantee in the management of Grant funds and by the Department when performing a Grant audit. Funds collected by the Grantee in the form of fees, donations and/or charges for the delivery of these Grant services shall be accounted for in a separate fund.

State Funding. Grantees receiving federal funds under this Grant shall comply with the certified Compliance provisions of A.R.S. §35-181.03.

Federal Funding. Grantees receiving federal funds under this contract shall comply with the certified finance and compliance audit provision of the Office of Management and Budget (OMB) Circular A-133, if applicable. The federal financial assistance information shall be stated in a Change Order or Purchase Order.

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12. Sub Contracts:

The Grantee shall not enter into any Subcontract under this Grant for the performance of this Grant without the advanced written approval of the ADHS State Government Administrator. The Grantee shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities. The Subcontract shall incorporate by reference the terms and conditions of this Grant.

13. Licenses:

Grantee shall maintain, in current status, all Federal, State and local licenses and permits required for the operation of the business conducted by the Grantee.

14. Purchase Orders:

The Grantee shall, in accordance with all terms and conditions of the Grant, fully perform and shall be obligated to comply with all purchase orders received by the Grantee prior to the expiration or termination hereof, unless otherwise directed in writing by the State Government Administrator, including, without limitation, all purchase orders received prior to but not fully performed and satisfied at the expiration or termination of this Grant.

15. Non-Discrimination:

The Contractor shall comply with State Executive Order No. 99-4 and all other applicable Federal and State laws, rules and regulations, including the Americans with Disabilities Act.

16. Federal Procurement Suspension/Debarment:

All applicants upon submittal and signature of their application hereby attest and certify that the company has not been debarred or suspended from federal procurements.

17. Health Insurance Portability and Accountability Act of 1996 (HIPAA) Compliance:

The Grantee warrants that it is familiar with the requirements of HIPAA and HIPAA's accompanying regulations and will comply with all applicable HIPAA requirements in the course of this contract. Grantee warrants that it will cooperate with the Arizona Department of Health Services (ADHS) in the course of performance of the contract so that both the ADHS and Grantee will be in compliance with HIPAA, including cooperation and coordination with the ADHS Privacy Officer and other compliance officials required by HIPAA and its regulations. Grantee will sign any documents that are reasonably necessary to keep the ADHS and Contractor in compliance with HIPAA, including, but not limited to, business associate agreements.

If requested by the ADHS, Grantee agrees to sign the "Arizona Department of Health Services Pledge To Protect Confidential Information" and to abide by the statements addressing the creation, use and disclosure of confidential information, including information designated as protected health information and all other confidential or sensitive information as defined in policy. In addition, if requested, Grantee agrees to attend or participate in HIPAA training offered by the ADHS or to provide written verification that the Grantee has attended or participated in job related HIPAA training that is: (1) intended to make the Grantee proficient in HIPAA for purposes of performing the services required and who has been approved by the ADHS HIPAA Compliance Officer.

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18. Arizona Substitute/IRS W-9 Form:

In order to receive payment, the Grantee shall have a current Arizona Substitute W-9 Form on file with the State of Arizona, unless not required by law.

19. Payment:

Payment shall be made upon receipt of a statement of charges (Grant Payment Request Form - Attachment II) for the work completed and as approved by the ADHS Grant Program Manager in conformance with the price sheet/fee schedule of this contract.

20. Offshore Performance of Work Prohibited:

Due to security and identity protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve the State of Arizona or its clients and may involve access to secure or sensitive data or personal client data or development or modification of software for the State shall be performed within the borders of the United States. Unless specifically stated otherwise in the specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers. Grantees shall declare all anticipated offshore services in the Grant Application.

21. Federal Immigration Laws, Compliance by State Contractors:

By entering into the Contract, the Grantee warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The Grantee shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Grantee and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV

The State may request verification of compliance for any Grantee or subcontractor performing work under the Contract. Should the State suspect or find that the Grantee or any of its subcontractors are not in compliance, the State may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Grantee. All costs necessary to verify compliance are the responsibility of the Grantee.

22. Federal Immigration and Nationality Act:

The Grantee(s) shall remain in compliance with all federal, state and local immigration laws and regulations relating to the immigration status of their employees during the term of the contract. Further, the Grantee(s) shall flow down this requirement to all subcontractors utilized during the term of the contract. The State shall retain the right to perform random audits of contractor and subcontractor records or to inspect papers of any employee thereof to ensure compliance. Should the State

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determine that the Grantee(s) and/or any subcontractor(s) be found noncompliant, the State may pursue all remedies allowed by law, including, but not limited to; suspensions of work, cancellation of the contract and suspension and/or debarment of the Grantee.

23. Records:

Under A.R.S. § 35-214 and § 35-215, the Offeror shall retain and shall contractually require each subcontractor to retain all data and other "records" relating to the acquisition and performance of the Contract for a period of five years after the completion of the Contract. All records shall be subject to inspection and audit by the State at reasonable times. Upon request, the Offeror shall produce a legible copy of any or all such records.

24. Arbitration:

The parties to this Grant agree to resolve all disputes arising out of or relating to this Grant through arbitration, to the extent required by A.R.S. § 12-1518.

25. INSURANCE REQUIREMENTS:

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract, are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The *insurance requirements* herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The State of Arizona in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this contract by the Contractor, its agents, representatives, employees or subcontractors, and Contractor is free to purchase additional insurance.

A. MINIMUM SCOPE AND LIMITS OF INSURANCE: Contractor shall provide coverage with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- | | |
|--|-------------|
| • General Aggregate | \$1,000,000 |
| • Products – Completed Operations Aggregate | \$ 500,000 |
| • Personal and Advertising Injury | \$ 500,000 |
| • Blanket Contractual Liability – Written and Oral | \$ 500,000 |
| • Fire Legal Liability | \$ 25,000 |
| • Each Occurrence | \$ 500,000 |

- a. The policy shall be endorsed to include the following additional insured language:
"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor".

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- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

2. Automobile Liability

Bodily Injury and Property Damage for any owned, hired, and/or non-owned vehicles used in the performance of this Contract.

Combined Single Limit (CSL) \$500,000

- a. The policy shall be endorsed to include the following additional insured language: **"The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor, involving automobiles owned, leased, hired or borrowed by the Contractor".**

3. Worker's Compensation and Employers' Liability

Workers' Compensation	Statutory
Employers' Liability	
Each Accident	\$100,000
Disease – Each Employee	\$100,000
Disease – Policy Limit	\$100,000

- a. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.
- b. This requirement shall not apply to: Separately, EACH contractor or subcontractor exempt under A.R.S. 23-901, AND when such contractor or subcontractor executes the appropriate waiver (Sole Proprietor/Independent Contractor) form.

4. Professional Liability (Errors and Omissions Liability)

Each Claim	\$ 500,000
Annual Aggregate	\$1,000,000

- a. In the event that the professional liability insurance required by this Contract is written on a claims-made basis, Contractor warrants that any retroactive date under the policy shall precede the effective date of this Contract; and that either continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning at the time work under this Contract is completed.
- b. Policy shall contain a waiver of subrogation against the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees for losses arising from work performed by or on behalf of the Contractor.

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- c. The policy shall cover professional misconduct or lack of ordinary skill for those positions defined in the Scope of Work of this contract.

B. **ADDITIONAL INSURANCE REQUIREMENTS:** The policies shall include, or be endorsed to include, the following provisions:

1. The State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees wherever additional insured status is required such additional insured shall be covered to the full limits of liability purchased by the Contractor, even if those limits of liability are in excess of those required by this Contract.
2. The Contractor's insurance coverage shall be primary insurance with respect to all other available sources.
3. Coverage provided by the Contractor shall not be limited to the liability assumed under the indemnification provisions of this Contract.

C. **NOTICE OF CANCELLATION:** Each insurance policy required by the insurance provisions of this Contract shall provide the required coverage and shall not be suspended, voided, canceled, or reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the State of Arizona. Such notice shall be sent directly to **(State of Arizona Department Representative's Name & Address)** and shall be sent by certified mail, return receipt requested.

D. **ACCEPTABILITY OF INSURERS:** Insurance is to be placed with duly licensed or approved non-admitted insurers in the state of Arizona with an "A.M. Best" rating of not less than A- VII. The State of Arizona in no way warrants that the above-required minimum insurer rating is sufficient to protect the Contractor from potential insurer insolvency.

E. **VERIFICATION OF COVERAGE:** Contractor shall furnish the State of Arizona with certificates of insurance (ACORD form or equivalent approved by the State of Arizona) as required by this Contract. The certificates for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf.

All certificates and endorsements are to be received and approved by the State of Arizona before work commences. Each insurance policy required by this Contract must be in effect at or prior to commencement of work under this Contract and remain in effect for the duration of the project. Failure to maintain the insurance policies as required by this Contract, or to provide evidence of renewal, is a material breach of contract.

All certificates required by this Contract shall be sent directly to **(State of Arizona Department Representative's Name and Address)**. The State of Arizona project/contract number and project description shall be noted on the certificate of insurance. The State of Arizona reserves the right to require complete, certified copies of all insurance policies required by this Contract at any time. **DO NOT SEND CERTIFICATES OF INSURANCE TO THE STATE OF ARIZONA'S RISK MANAGEMENT SECTION.**

F. **SUBCONTRACTORS:** Contractors' certificate(s) shall include all subcontractors as insureds under its policies or Contractor shall furnish to the State of Arizona separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to the minimum requirements identified above.

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- G. **APPROVAL:** Any modification or variation from the *insurance requirements* in this Contract shall be made by the Department of Administration, Risk Management Section, whose decision shall be final. Such action will not require a formal Contract amendment, but may be made by administrative action.
- H. **EXCEPTIONS:** In the event the Contractor or sub-contractor(s) is/are a public entity, then the Insurance Requirements shall not apply. Such public entity shall provide a Certificate of Self-Insurance. If the contractor or sub-contractor(s) is/are a State of Arizona agency, board, commission, or university, none of the above shall apply.

GRANT PROJECT REQUIREMENTS

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Arizona Department of Health Services

Grant Application Form

Organization Name: _____

FEDERAL TAX ID OR SS# _____ **REQUIRED**

Organization Type (Check one):

☐ County ☐ City/Town ☐ Native American Tribe ☐ Non-Profit Organization
☐ Other _____

Address: _____

City: _____ County: _____ Zip: _____

Contact Person: _____ Telephone: _____

Contact Person's Title: _____

Fax: _____ E-mail: _____

1. Task Methodologies:

Name of Project: _____

A. Project Description

(Describe the project you are proposing and why you would like to undertake this project.)

B. Goals and Objectives

(List your goal(s) and corresponding objectives here. They should be clearly stated and related to the Project Description. Additionally, state the relationship to objective(s). Be sure your objectives are measurable.)

C. Projected Timeframe and Activities-

Briefly outline the project timeline and the activities to be completed during the project:

D. Area/ Population

1. Describe proposed geographic area to be covered:
2. Proposed population to be covered (*check one*):
☐ Entire population within defined geographic area
☐ Limited portion of population within defined geographic area

Further describe characteristics of the population (e.g., age, socioeconomic status, race/ethnicity, etc.):

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E. Partnership or Coalition Relationship Describe the relationship in which you are/will be working to implement the project to be funded. Include information on how the project will be conducted, managed or directed (e.g., by a grass-roots community advisory group; by a distinctly identifiable community component of your organization). Include names of partner groups.

F. Staffing - Describe how your project will be staffed:

G. RE-AIM Planning Tool: Please complete Attachment III and submit with your grant proposal.

2. Budget Information and Price Sheet:

Provide a simple budget. Information is needed only for the project for which you are requesting funding, not for the organization as a whole. **Note these requirements:**

- There may be an identifiable in-kind contribution.
- Funds may be used for personnel costs.
- Administrative overhead is not an allowable expense.
- Funds may not be used to pay for direct clinical services, or for physical construction or renovation of a facility or space within a building.

Use the following format if possible, leaving inapplicable categories blank and adding your own. If this format is not suitable, attach a one-page Budget Price Sheet of your own, using the same column headings.

Line	Budget Categories	Grant Amount	In-Kind/Other (specify source)	Totals
1	Personnel			
2	Supplies: A. Office B. Other			
3	In-state travel (@ \$0.445/mile)			
4	Postage			
5	Printing/Photocopying			
6	Rent			
7				
8				
9				
	Totals	\$	\$	\$

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3. Budget Summary:

(Provide a brief description of proposed costs to be funded by the grant. Write a description for each corresponding line number.):

1. Personnel:

Position Title	Hours/week	# of weeks	Salary (rate/wk)	Total

2. Supplies

A. Office:

B. Other:

3. In-State Travel:

4. Postage:

5. Printing/Photocopying:

6. Rent:

7.

8.

9.

4. Notices, Correspondence, Reports and Invoices:

a. Notices, Correspondence, Reports and Invoices from the Grantee to the ADHS shall be sent to:

Arizona Department of Health Services
Health Program Manager, Nutrition and Physical Activity Program, Lisa DeMarie
150 North 18th Avenue, Suite
Phoenix, AZ 85007
Telephone 602-542-2851
Facsimile: 602-542-0512
E-Mail: demaril@azdhs.gov

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- b. Notices, Correspondence and Reports from the ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

E-Mail: _____

- c. Payments from ADHS to the Grantee shall be sent to:

Organization: _____

Attention: _____

Street Address: _____

City, State and Zip Code: _____

5. Attachments

- Complete the following one page Certification and return it with the application form.
- If you are a non-profit (vs. public institution), please include documentation verifying your non-profit status.
- Attach one (1) letter of support from one of your identified coalition members or partners demonstrating a commitment to participate in your proposed project.
- The Grant Payment Request Form will be used when/if an award is granted and payment is requested.

GRANT ATTACHMENTS

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Attachment I

ARIZONA DEPARTMENT OF HEALTH SERVICES Grant Certification Form

The _____
(name of organization)
is submitting this application for funding from the Arizona Department of Health Services,
_____ grant program.

As the _____'s
(name of organization)
contact person, my signature below certifies that to the best of my knowledge all of the information provided in this application is accurate, and if funded, we agree to comply with the requirements of the mini grant program as described in the announcement, specifically, to meet the reporting and financial requirements of this award:

1. By _____ submit a final report describing the funded project including planning,
(date)
implementation, and outcome(s) through the funded period. This report should include evaluative statements and recommendations for others who might wish to undertake a similar effort. A copy of each document created in conjunction with this award must be included.
2. By _____ submit a financial statement/summary indicating expenditures
(date)
incurred in conjunction with this award.

Signature

Print or Type Name and Title

Date

GRANT ATTACHMENTS

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Attachment II

Arizona Department of Health Services

Grant Payment Request Form

(Name of Organization)

Contract Number _____ Purchase Order Number _____

At this time, _____ (name of organization) is requesting
payment of \$ _____ (%)

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone #: _____

Approved for payment by ADHS:

Signed: _____ Date: _____

Print or Type Name: _____

Title: _____ Phone #: _____

GRANT ATTACHMENTS

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Attachment III

RE-AIM PLANNING TOOL

The key to achieving intended results from an intervention is to take a well rounded approach to program planning. This section is intended as “thought questions”, which serve as a checklist, for key aspects that should be considered when planning an intervention. The best way use this section would be to think about the issues raised, their pertinence to one’s intervention(s) and making any relevant changes before launching the intervention. The questions listed are generalized and meant as self checks so don’t worry about not answering those that are not relevant to your unique program and situation.

Planning Checklist Questions to improve REACH

1. Do you hope to reach all members of your target population? If yes provide a number or estimate for your target population. If no (due to large size of the target population and budget constraints) provide the proportion of the target population that you want to reach ideally given constraints.
2. What is the breakdown of the demographics of your target population in terms of race/ethnicity, gender and socioeconomic status?
3. How confident are you that your program will successfully attract all members of your target population regardless of age, race/ethnicity, gender, socioeconomic status and other important characteristics?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What are the barriers you foresee that will limit your ability to plan to, and successfully reach, your intended target population?
5. How do you hope to overcome these barriers?
6. Rate the difficulty you expect in overcoming these barriers.

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve EFFECTIVENESS

1. Would you categorize your intervention as evidence based or a new innovation?
2. Why did you choose this intervention and its components?
3. What are the strengths of your intervention?
4. Have you come to agreement with key stakeholders about what ‘success’ will be defined as?
5. List the measurable objectives that you wish to achieve in order to accomplish your goal (How will you define success?).

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6. What are the likely unintended consequences that may result from this program?

7. Rate your confidence that this intervention will lead to your planned outcome?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

Questions to improve ADOPTION

1. What percent of your organization (e.g. departments, relevant staff etc) will be involved in supporting or delivering this program?

2. What percent of other organizations such as yours will be willing and able to offer this program after you are done testing?

3. How confident are you that your program will be adopted by those settings and staff who provide services for people in your target population who have the greatest need?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

4. What do you think will be the greatest barriers to other sites or organizations adopting this program? Do you have a system in place for overcoming these barriers?

Questions to improve IMPLEMENTATION

1. How confident are you that the program can be delivered as intended?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. How confident are you that the program can be delivered by staff representing a variety of positions, levels and expertise/ experience of the organization?

3. Is your program flexible (while maintaining fidelity to the original design) to changes or corrections that may be required midcourse?

4. Do you have a system in place to document and track the progress of the program and effect of changes made during the course of the program?

Questions to improve MAINTENANCE (Individual)

1. What evidence is available that suggests the intervention effects will be maintained 6 or more months after it is completed?

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2. How confident are you that the program will produce lasting benefits for the participants?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

3. What do you plan to do to support initial success and prevent or deal with relapse of participants?

Questions to improve MAINTENANCE (Community)

1. How confident are you that your program will be sustained in your setting a year after the grant is over and or a year after it has been implemented?

(1= not at all confident 5= somewhat confident 10-completely confident)

1 2 3 4 5 6 7 8 9 10

2. What do you see as the greatest challenges to the long term success of organizations continuing their support of the program?
3. What are your plans for intervention sustainability? Will additional funding be needed?
4. Do you have key stakeholder commitment to continue the program if it is successful?
5. To what degree will the intervention be integrated into the regular practice of the delivery organization?

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Attachment IV GRANT SUBMISSION CHECKLIST

Checklist

Use the following list to make sure your Application Package is complete and meets the requirements specified in this Request for Grant Application:

Instructions: Applicants must submit the items listed below. In the column titled "Applicant's Page #", the Applicant must enter the appropriate page number(s) from its Application where the ADHS evaluators may find the Applicant's response to that requirement.

Grant Required Items	RFGA Reference:	Applicant's Application Page #:
1. <u>1</u> Original and <u>3</u> Copies of Application Package	Page 7, Section 3	
2. Application and Award Form, Signed	Page 3	
3. Terms and Conditions	Pages 9-16	
4. Tasks – Methodologies	Pages 17-20	
ATTACHMENTS		
5. Grant Certification Form	Page 21	
6. Grant Payment Request Form	Page 22	
7. RE-AIM Planning Tool	Pages 23-25	
8. Grant Checklist	Page 26	
9. Certificate of Insurance	Page 27	



CERTIFICATE OF INSURANCE

**ARIZONA DEPARTMENT OF
HEALTH SERVICES**
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

RFGA: HR754131

PRIOR TO COMMENCING SERVICES UNDER THIS CONTRACT, THE CONTRACTOR MUST FURNISH THE DEPARTMENT, CERTIFICATION FROM INSURER(S) FOR COVERAGES IN THE MINIMUM AMOUNTS AS STATED BELOW, THE COVERAGES SHALL BE MAINTAINED IN FULL FORCE AND EFFECT DURING THE TERM OF THIS CONTRACT, AND SHALL NOT SERVE TO LIMIT ANY LIABILITIES OR ANY OTHER CONTRACTOR OBLIGATIONS

NAME AND ADDRESS OF INSURANCE AGENCY	A	COMPANY LETTER	COMPANIES AFFORDING COVERAGE
	B		
Name And Address of Insured	C		
	D		

This is to certify that the policies of insurance listed below have been issued to the insured named above and are in force at this time

Company Letter	Type of Insurance	Policy Number	Policy Expiration Date	Limits of Liability Minimum – Each Occurrence	
	XX Comprehensive General Liability <input type="checkbox"/> Premises Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Personal Injury <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Explosion & Collapse (If Applicable) <input type="checkbox"/> Underground Hazard (If Applicable)				
	<input type="checkbox"/> Comprehensive Auto Liability Including Non-Owned (If				
	<input type="checkbox"/> Umbrella Liability				
	XX Workmen's Compensation and Employer's Liability				
	<input type="checkbox"/> Other				

State of Arizona and the Department named above are added as additional insured as required by statute, contract, purchase order or otherwise requested. It is agreed that any insurance available to the named insured shall be primary of other sources that may be available.

It is further agreed that no policy shall expire, be canceled or materially changed to affect the coverage available to the State without thirty (30) days written notice to the State. THIS CERTIFICATE IS NOT VALID UNLESS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE INSURANCE COMPANY.

Name and Address of Certificate Holder:

Date Issued _____

Authorized Representative